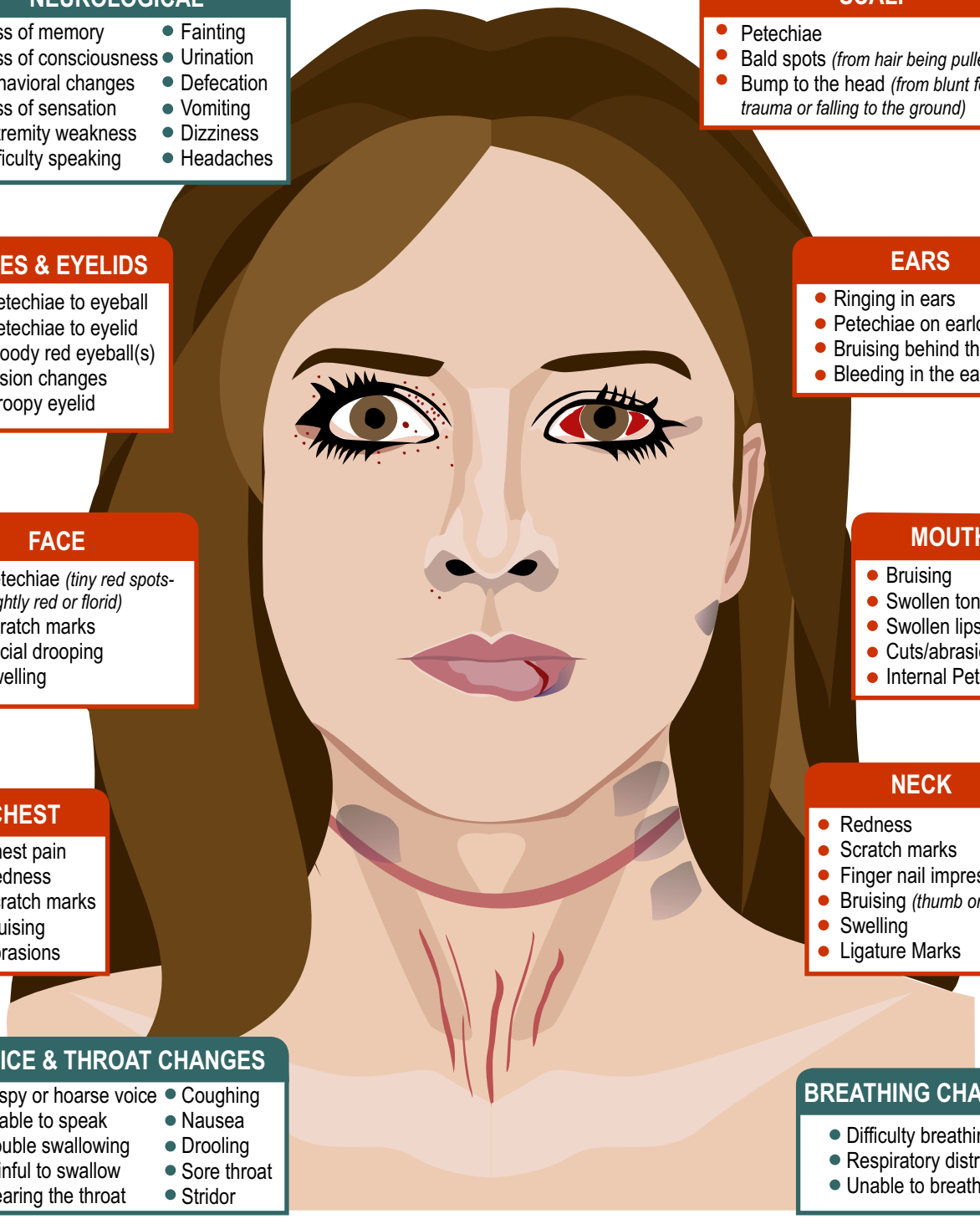
SIGNS AND SYMPTOMS OF STRANGULATION



NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots *(from hair being pulled)*
- Bump to the head *(from blunt force trauma or falling to the ground)*

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae *(tiny red spots-slightly red or florid)*
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising *(thumb or fingers)*
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.*

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Graphics by Yesenia Aceves

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DOMESTIC VIOLENCE REPORT™

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Strangulation and Domestic Violence: The Edge of Homicide

by Gael Strack, J.D. and Casey Gwinn, J.D.

In March 1995, as San Diego's coordinated community response to domestic violence was getting national attention with a 50% drop in domestic violence homicides since 1985, Sgt. Anne O'Dell, the founder of the Police Department's specialized Domestic Violence Unit, called us as the founders of the City Attorney's specialized Child Abuse/Domestic Violence Unit to question whether any of us were treating so called "choking" cases seriously. Her soul searching, and soon ours, came from the first two domestic violence homicides of 1995: two teenagers with small children who lost their lives after a history of domestic violence and reports of being "choked" by their boyfriends. The City Attorney or the District Attorney prosecuted none of the reported cases. And then both Casondra Stewart and Tamara Smith were murdered.

The deaths of Casondra Stewart and Tamara Smith triggered profound changes in San Diego and ultimately around the world, but such profound change started with Gael Strack going into the file room of the San Diego City Attorney's Child Abuse/Domestic Violence Unit and reviewing every case where

See EDGE OF HOMICIDE, page 90

Law Reform Targets the Crime of Strangulation

by Casey Gwinn, J.D., Gael Strack, J.D., and Melissa Mack

"Actually, when I came out of that [strangulation incident], I was more submissive—more terrified that the next time I might not come out—I might not make it. So I think I gave him all my power from there because I could see how easy it was for him to just take my life like he had given it to me."

—Former San Diego Family Justice Center Client (2010)

Survivors of non-fatal strangulation have known for years what prosecutors and civil attorneys are only recently learning: Many domestic violence offenders and rapists do not strangle their partners to kill them; they strangle them to let them know they *can* kill them—any time they wish. Once victims know this truth, they live under the power and control of their abusers day in and day out. This complex reality creates challenges for prosecutors who have to decide whether to prosecute non-fatal strangulation cases as attempted murders, serious felony assaults, or misdemeanors.

For many years in California and across the country, prosecutors have failed to treat non-fatal strangulation assaults as serious crimes, due to lack of physical evidence. Today, because of (1) involvement of the medical profession, (2) specialized training for police and prosecutors, and (3) ongoing research, strangulation has become a focus area for policymakers and professionals working to reduce intimate partner violence and sexual assault.

As of May 2014, 37 states and one territory (U.S. Virgin Islands) have passed strangulation laws that provide clear legislative definitions of the violent, life threatening assault now properly referred to as "strangulation."[1] One state, Utah, passed an "Intent of the Legislature" resolution, which made legislative findings to help

See LAW REFORM, next page

About This Issue . . .

We are delighted to present this special issue on Strangulation, a topic of great interest because of the importance of the issue today, particularly in light of the high lethality of these cases, the profound consequences for survivors, and the challenges for law enforcement. We are especially pleased that Gael Strack and Casey Gwinn are Guest Editors. These two former prosecutors are leading national experts on strangulation as well as founders of the Family Justice Center movement.

D. Kelly Weisberg, Editor, *Domestic Violence Report*

ALSO IN THIS ISSUE

Investigation and Prosecution of Strangulation Cases 83
Men Who Strangle Women Also Kill Cops 85
Summary of Recent Strangulation Case Law 86
Why Didn't Someone Tell Me? The Consequences of Strangulation Assaults 87

Provided by:

CRI Civic Research Institute

RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

Prepared by **Bill Smock, MD** and **Sally Sturgeon, DNP, SANE-A**
Office of the Police Surgeon, Louisville Metro Police Department
Endorsed by the **National Medical Advisory Committee**: Bill Smock, MD, Chair; Cathy Baldwin, MD; William Green, MD; Dean Hawley, MD; Ralph Riviello, MD; Heather Rozzi, MD; Steve Stapczynski, MD; Ellen Tailiaferro, MD; Michael Weaver, MD

GOALS:

1. **Evaluate carotid and vertebral arteries for injuries**
2. **Evaluate bony/cartilaginous and soft tissue neck structures**
3. **Evaluate brain for anoxic injury**

Strangulation patient presents to the Emergency Department

History of and/or physical exam with ANY of the following:

- **Loss of Consciousness** (anoxic brain injury)
- **Visual changes**: "spots", "flashing light", "tunnel vision"
- **Facial, intraoral or conjunctival petechial hemorrhage**
- **Ligature mark or** neck **contusions**
- **Soft tissue neck injury/swelling of the neck/cartoid tenderness**
- **Incontinence** (bladder and/or bowel from anoxic injury)
- **Neurological signs or symptoms** (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symtoms.)
- **Dysphonia/Aphonia** (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- **Dyspnea** (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- **Subcutaneous emphysema** (tracheal/laryngeal rupture)

Recommended Radiographic Studies to Rule Out Life-Threatening Injuries*
(including delayed presentations of up to 6 months)

- **CT Angio of carotid/vertebral arteries** (***GOLD STANDARD*** for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) ***or***
- **CT neck with contrast** (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) ***or***
- **MRA of neck** (less sensitive than CT Angio for vessels, best for soft tissue trauma) ***or***
- **MRI of neck** (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) ***or***
- **MRI/MRA of brain** (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)
- **Carotid Doppler Ultrasound** (***NOT RECOMMENDED:*** least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid)

*References on page 2

(-)

Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)

History of and/or physical exam with:

- **No LOC** (anoxic brain injury)
- **No visual changes**: "spots", "flashing light", "tunnel vision"
- **No petechial hemorrhage**
- **No soft tissue trauma to the neck**
- **No dyspnea, dysphonia or odynophagia**
- **No neurological signs or symptoms** (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symtoms)
- And **reliable home monitoring**

Discharge home with detailed instructions to return to ED if:
neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

(+)

- Consult NeurologyNeurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia

Brochure Design by Yesenia Aceves

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RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION

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(Recommendations based upon case reports, case studies, and cited medical literature)

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SAN DIEGO COUNTYWIDE STRANGULATION DOCUMENTATION FORM

VICTIM NAME (Last, First, Middle)	**DATE OF BIRTH**	M ☐ F ☐	CASE #
SUSPECT NAME (Last, First, Middle)	**DATE OF BIRTH**	M ☐ F ☐	

STRANGULATION EVENT QUESTIONS

- What did suspect use to strangle you? ☐ Left Hand ☐ Right Hand ☐ Two Hands ☐ Forearm ☐ Knee/Foot
  ☐ Other Object(s): _____
  ☐ *Describe manner/method in detail in narrative.*
- Estimate how long strangulation lasted: _____ Minute(s) _____ Second(s) Multiple Times: ☐ Yes # _____ ☐ No
- Estimate the amount of force suspect used to strangle: (1 = weak, 10 = very strong): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
- Describe suspect's emotional demeanor while strangling you: _____
- Describe the suspect's face/expression during strangulation: _____
- What did suspect say while strangling you? _____
  _____
- What else did suspect do while strangling you? _____
  _____
- Were you able to speak during the strangulation? ☐ Yes ☐ No If yes, what did you say? _____
  _____
- Did you do anything to attempt to physically stop the strangulation? ☐ Yes ☐ No Describe: _____
  _____
- What made the suspect stop? _____
- What did you think during the strangulation? _____
- Has suspect strangled you on other occasions? ☐ Yes ☐ No If yes, # of occasions: _____ When: _____

SYMPTOMS EXPERIENCED BY VICTIM

SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER	SYMPTOM	DURING	AFTER
Vision Changes: Tunnel	☐	☐	Coughing Blood	☐	☐	Hoarse Voice	☐	☐
Vision Changes: Spots	☐	☐	Nausea	☐	☐	Loss of Voice	☐	☐
Hearing Loss/Changes	☐	☐	Vomit/Dry Heaving	☐	☐	Whisper Voice	☐	☐
Loss of Consciousness	☐	☐	Dizziness	☐	☐	Neck Pain/Tender	☐	☐
Unable to Breathe	☐	☐	Headache	☐	☐	Trouble Swallowing	☐	☐
Difficulty Breathe	☐	☐	Feel Faint	☐	☐	Pain Swallowing	☐	☐
Rapid Breathing	☐	☐	Disorientation	☐	☐	Sore Throat	☐	☐
Pain While Breathing	☐	☐	Memory Loss	☐	☐	Urinate	☐	☐
Shallow Breathing	☐	☐	Painful to Speak	☐	☐	Defecate	☐	☐
Coughing	☐	☐	Raspy Voice	☐	☐	Other:	☐	☐

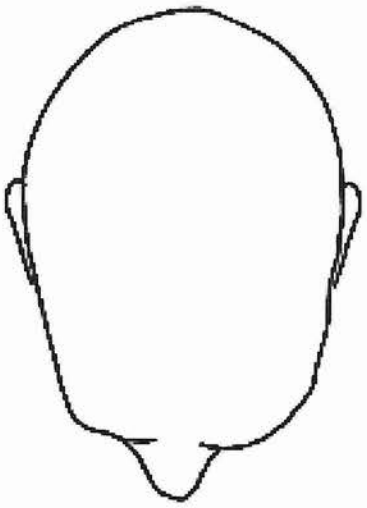
OFFICER OBSERVED INJURIES

FACE	EYES	NOSE	MOUTH
☐ Skin Red/Flushed ☐ Red Spots (e.g. petechiae) ☐ Scratches or Abrasions ☐ Swelling ☐ Bruising ☐ Other:	☐ Red Eye ☐ Left ☐ Right ☐ Red Spots in Eye ☐ Left ☐ Right ☐ Red Spots on Eyelid ☐ Left ☐ Right ☐ Blood in Eyeball ☐ Eyelid(s) drooping ☐ Other:	☐ Redness ☐ Red spots (i.e. petechiae) ☐ Scratches or Abrasions ☐ Swelling ☐ Bleeding ☐ Other:	☐ Swollen Lips ☐ Swollen Tongue ☐ Bruise(s) ☐ Scratches or Abrasions ☐ Red Spots in Palate or Gums, Etc. ☐ Other:
EARS	**UNDER CHIN**	**NECK**	**SHOULDERS**
☐ Redness ☐ Red spots (i.e. petechiae) ☐ Bleeding ☐ Bruising or Discoloration ☐ Swelling ☐ Red Spots Behind Ear(s) ☐ Bruising Behind Ear(s) ☐ Other:	☐ Redness ☐ Scratches or Abrasions ☐ Lacerations ☐Bruises ☐ Linear Marks (e.g. fingernail marks) ☐ Other:	☐ Redness ☐ Scratches or Abrasions ☐ Bruises ☐ Linear Marks (e.g. fingernail marks) ☐ Ligature Marks ☐ Red Spots (e.g. petechiae) ☐ Swelling ☐ Other:	☐ Redness ☐ Scratches or Abrasions ☐ Lacerations ☐ Bruises ☐ Other:
HANDS, FINGERS, ARMS	**HEAD**	**CHEST**	
☐ Redness ☐ Bruising ☐ Swelling ☐ Scratches or Abrasions ☐ Broken Fingernails ☐ Other:	☐ Lumps/Bumps ☐ Lacerations ☐ Scratches or Abrasions ☐ Hair missing ☐ Red Spots on Scalp (e.g. petechiae) ☐ Other:	☐ Redness ☐ Scratches or Abrasions ☐ Lacerations ☐ Bruises ☐ Linear Marks (e.g. fingernail marks) ☐ Other:	

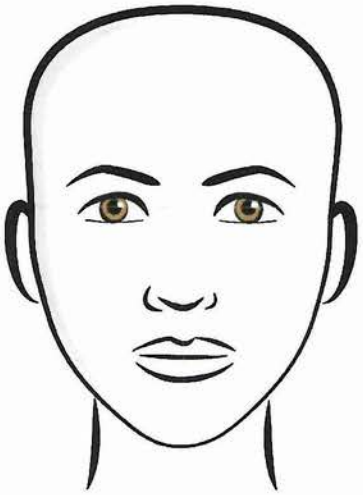
BODY DIAGRAMS

Draw all injuries observed

Top of Head

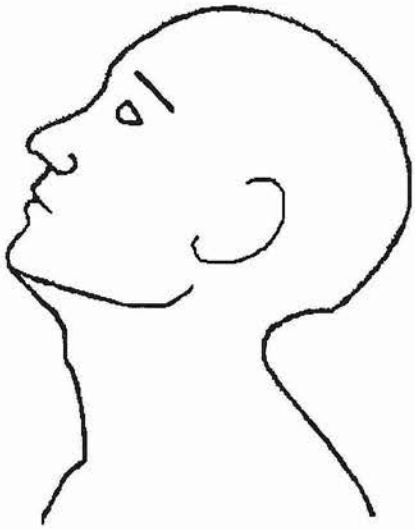


Front



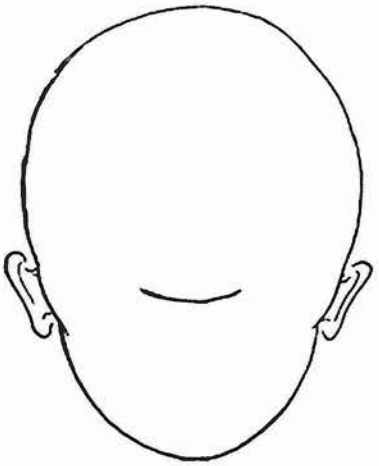
Neck & Chin

Left Side



Right Side

Back of Head

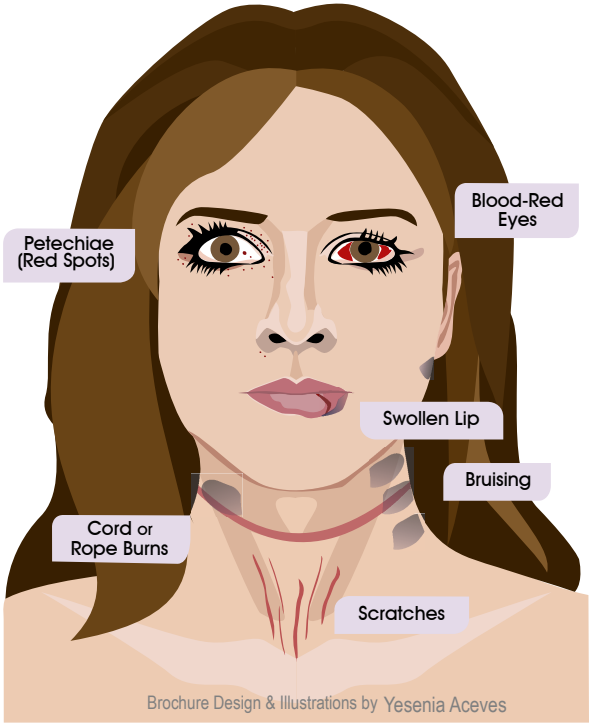


OFFICER CHECKLIST

- ☐ Photograph all injuries and physical evidence.
- ☐ If strangulation was done using an object, photograph and collect the object.
- ☐ Document where all evidence items were found.
- ☐ Determine if jewelry was worn by either party during the incident. If so, photograph it and, when feasible, look for pattern injuries.
- ☐ If defecation or urination in clothing, collect the clothing as evidence.
- ☐ If victim vomited, take photos of the vomit.
- ☐ Consider contacting duty detective.
- ☐ Take photographs of BOTH parties to document injuries and/or lack of injuries. Include hands, arms, face, chest, neck and all other areas the parties claim injury or physical contact occurred.
- ☐ Obtain evidence from hospital, if available, or follow-up to retrieve.

Strangulation

Visible Signs



Additional Signs and Symptoms

A larger version of the graphic above which contains detailed signs and symptoms is available for download at https://www.strangulationtraininginstitute.com/Esperanza

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Observing Changes

Documentation by photographs sequentially for a period of days after the assault is very helpful in establishing a journal of physical evidence.

Victims should also seek medical attention if they experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, lightheadedness, headache, involuntary urination and/or defecation, especially pregnant victims. A medical evaluation may be crucial in detecting internal injuries and saving a life.

Losing Consciousness

Victims may lose consciousness by any one or all of the following methods: blocking of the carotid arteries in the neck (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, making breathing impossible.

Strangulation has only recently been identified as one of the most lethal forms of domestic violence: ***unconsciousness may occur within seconds and death within minutes.*** When domestic violence perpetrators choke (strangle) their victims, not only is this a felonious assault, but it may be an attempted homicide. Strangulation is an ultima*te form of power and control, where* the batterer can demonstrate control over the victim's next breath; having devastating psychological effects or a potentially fatal outcome.

Sober and conscious victims of strangulation will first feel terror and severe pain. If strangulation persists, unconsciousness will follow. Before lapsing into unconsciousness, a strangulation victim will usually resist violently, often producing injuries of their own neck in an effort to claw off the assailant, and frequently also producing injury on the face or hands to their assailant. These defensive injuries may not be present if the victim is physically or chemically restrained before the assault.

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Facts Victims of Strangulation (Choking) **Need to Know**

Monitor Your SIGNS

Date & Time	Journal Your Signs

Monitor Your Symptoms

Date & Time	Journal Your Symptoms

Date & Time	Journal Any Other Sensation

Signs of Strangulation

Head- pinpoint red spots (petechiae) on scalp, hair pulled, bump(s), skull fracture, concussion.

Face- red or flushed, petechiae, scratch marks.

Eyes and Eyelids- petechiae to the left or right eyeball, bloodshot eyes.

Ear- petechiae (external and/or ear canal), bleeding from ear canal.

Nose- bloody nose, broken nose, petechiae.

Mouth- bruising, swollen tongue, swollen lips, cuts/abrasions.

Under the chin- redness, scratch marks, bruise(s), abrasions.

Neck- redness, scratch marks, fingernail impressions, bruise(s), abrasions, swelling, ligature marks.

Chest and Shoulders- redness, scratch marks, bruise(s), abrasions.

Symptoms of Strangulation

Voice changes- raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.

Swallowing changes- trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.

Breathing changes- difficulty breathing, hyperventilation, unable to breathe.

Behavioral changes- restlessness or combativeness, problems concentrating, amnesia, agitation, Post-traumatic Stress Syndrome, hallucinations.

Vision changes- complete loss or black & white vision, seeing 'stars', blurry, darkness, fuzzy around the eyes.

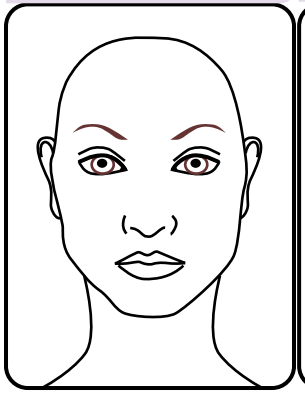
Hearing changes- complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.

Other changes- Memory loss, unconsciousness, dizziness, headaches, involuntary urination or defecation, loss of strength, going limp.

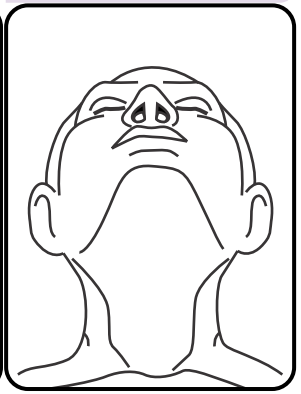
Diagrams to Mark Visible Injuries

Use a pen or a marker to indicate any visble signs and/or symptoms.

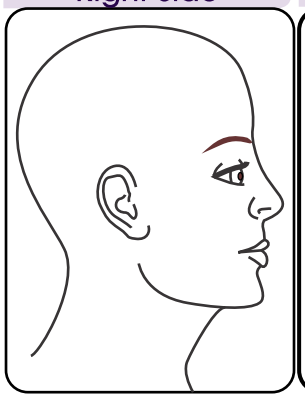
Front



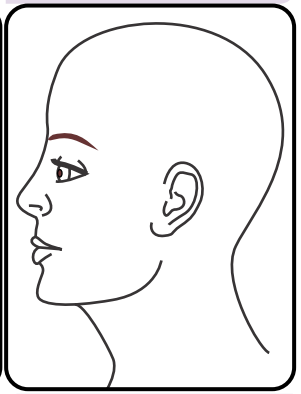
Under Chin



Right Side



Left Side



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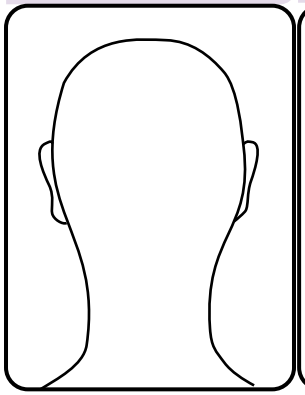
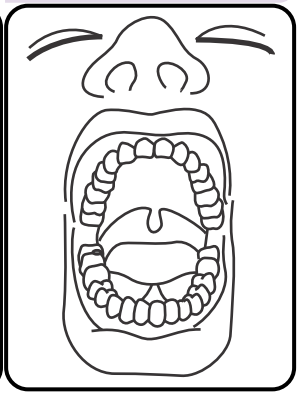


Inside Mouth



STRANGULATION
ASSESSMENT CARD

SIGNS

- Red eyes or spots (Petechiae)
- Neck swelling
- Nausea or vomiting
- Unsteady
- Loss or lapse of memory
- Urinated
- Defecated
- Possible loss of consciousness
- Ptosis – droopy eyelid
- Droopy face
- Seizure
- Tongue injury
- Lip injury
- Mental status changes
- Voice changes

SYMPTOMS

- Neck pain
- Jaw pain
- Scalp pain (from hair pulling)
- Sore throat
- Difficulty breathing
- Difficulty swallowing
- Vision changes (spots, tunnel vision, flashing lights)
- Hearing changes
- Light headedness
- Headache
- Weakness or numbness to arms or legs
- Voice changes

CHECKLIST

S **Scene & Safety**. Take in the scene. Make sure you and the victim are safe.

T **Trauma**. The victim is traumatized. Be kind. Ask: what do you remember? See? Feel? Hear? Think?

R **Reassure & Resources**. Reassure the victim that help is available and provide resources.

A **Assess**. Assess the victim for signs and symptoms of strangulation and TBI.

N **Notes**. Document your observations. Put victim statements in quotes.

G **Give**. Give the victim an advisal about delayed consequences.

L **Loss of Consciousness**. Victims may not remember. Lapse of memory? Change in location? Urination? Defecation?

E **Encourage**. Encourage medical attention or transport if life-threatening injuries exist.

TRANSPORT

If the victim is **Pregnant** or has life-threatening injuries which include:

- Difficulty breathing
- Difficulty swallowing
- Petechial hemorrhage
- Vision changes
- Loss of consciousness
- Urinated
- Defecated

DELAYED CONSEQUENCES

Victims may look fine and say they are fine, but just underneath the skin there would be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated. The victim may develop delayed swelling, hematomas, vocal cord immobility, displaced laryngeal fractures, fractured hyoid bone, airway obstruction, stroke or even delayed death from a carotid dissection, bloodclot, respiratory complications, or anoxic brain damage.

Taliaferro, E., Hawley, D., McClane, G.E. & Strack, G. (2009), Strangulation in Intimate Partner Violence. *Intimate Partner Violence: A Health-Based Perspective.* Oxford University Press, Inc.

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STRANGULATION
ASSESSMENT CARD

SIGNS
- Red eyes or spots (Petechiae)
- Neck swelling
- Nausea or vomiting
- Unsteady
- Loss or lapse of memory
- Urinated
- Defecated
- Possible loss of consciousness
- Ptosis – droopy eyelid
- Droopy face
- Seizure
- Tongue injury
- Lip injury
- Mental status changes
- Voice changes

SYMPTOMS
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- Jaw pain
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ADVISAL TO PATIENT

- After a strangulation assault, you can experience internal injuries with a delayed onset of symptoms, usually within 72 hours. These internal injuries can be serious or fatal.
- Stay with someone you trust for the first 24 hours and have them monitor your signs and symptoms.
- Seek medical attention or call 911 if you have any of the following symptoms: difficulty breathing, trouble swallowing, swelling to your neck, pain to your throat, hoarseness or voice changes, blurred vision, continuous or severe headaches, seizures, vomiting or persistent cough.
- The cost of your medical care may be covered by your state's victim compensation fund. An advocate can give you more information about this resource.
- The National Domestic Violence Hotline number is **1-888-799-SAFE.**

NOTICE TO MEDICAL PROVIDER

- The Medical Advisory Board of the Training Institute on Strangulation Prevention has developed recommendations for the radiologic evaluation of the adult strangulation victim. In patients with a history of a loss of consciousness, loss of bladder or bowel control, vision changes or petechial hemorrhage the medical provider must evaluate the carotid and vertebral arteries, bony/cartilaginous and soft tissue neck structures and to the brain for injuries. The recommendations with the medical references is available at www.strangulationtraininginstitute.com
- Life-threatening injuries include evidence of petechial hemorrhage, loss of consciousness, urination, defecation and/or visual changes. If your patient exhibits any of the above symptoms, medical/radiographic evaluation is strongly recommended. Radiographic testing should include: a CT angiography of carotid/vertebral arteries (most sensitive and preferred study for vessel evaluation) or CT neck with contrast, or MRA/MRI of neck and brain.
- ED/Hospital observation should be based on severity of symptoms and reliable home monitoring.
- Consult Neurology, Neurosurgery and/or Trauma Surgery for admission.
- Consider an ENT consult for laryngeal trauma with dysphonia, odynophagia, dyspnea.
- Discharge home with detailed instructions to return to ED if neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens.

TRAINING INSTITUTE on STRANGULATION PREVENTION

StrangulationTrainingInstitute.com

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NATIONAL JUDICIAL TRAINING UPDATE

BAIL HEARINGS IN FELONY STRANGULATION CASES
SEVEN (7) MEDICAL-LEGAL FACTS EVERY JUDGE SHOULD KNOW

QUESTION: When making bail decisions in Felony Strangulation cases, what seven (7) well-established medical-legal facts should every judge (and attorney) be aware of?

1. **DEFINITION OF STRANGULATION:** Strangulation is a form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck.

2. **WIDESPREAD LACK OF UNDERSTANDING:**
   - Many judicial officers and attorneys do not understand the medical and psychological severity of the act of strangulation.
   - In many cases, the lack of observable physical injuries to the victim cause judges to minimize the seriousness of strangulation.
   - In order to make sure judges understand the seriousness of strangulation, some prosecutors have asked courts for permission to have an expert in the field of strangulation testify at bail hearings as to the following: see 3-7 below.

3. **STRANGULATION IS ONE OF THE MOST LETHAL FORMS OF VIOLENCE USED BY MEN AGAINST THEIR FEMALE INTIMATE PARTNERS:**
   - The act of strangulation symbolizes an abuser's power and control over the victim. The sensation of suffocating can be terrifying.
   - Most victims of strangulation are female.
   - The victim is completely overwhelmed by the abuser; she vigorously struggles for air, and is at the mercy of the abuser for her life.
   - The victim will likely go through four stages: denial, realization, primal and resignation.
   - A single traumatic experience of strangulation or the threat of it may instill such intense fear that the victim can get trapped in a pattern of control by the abuser and made vulnerable to further abuse.

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4. THE "NECK" IS THE MOST VULNERABLE PART OF THE BODY:

- Blood and oxygen all flow from the body to your brain through the NECK.
- The NECK is the most unprotected and vulnerable part of the body.
- More serious injuries occur from NECK trauma than any other part of the body.

5. MEDICAL FACTS:

- Strangulation **stops the flow of blood** to the brain (carotid artery).
- Lack of blood flow to the brain will cause **unconsciousness in 10 seconds.**
- Lack of blood flow to the brain will cause **death in 4 minutes.**
- It takes **very little pressure to stop blood flow** to the brain (4 psi):
  a. It takes less pressure than opening a can of soda (20 psi);
  b. It takes less pressure than an average handshake (80-100 psi);
  c. It takes less pressure than pulling the trigger of a handgun (6 psi).
- It only takes 33 psi to **fracture a victim's larynx** (far less than a handshake).

6. LACK OF EXTERNAL EVIDENCE ON THE SKIN:

- CAUTION: Lack of visible findings (or minimal injuries) does not exclude a potentially life threatening condition. Strangulation often leaves no marks.
- A study by the San Diego City Attorney's Office of 300 domestic violence cases involving strangulation revealed that up to 50% of victims had no visible injuries.

7. STRANGULATION CAN CAUSE SUBSTANTIAL INJURIES (OFTEN DELAYED) SUCH AS:

a. **Physical injuries** (e.g. death, unconsciousness, fractured trachea/larynx, internal bleeding (*hemorrhage*) and artery damage (*intimal tears*), dizziness, nausea, sore throat, voice changes, throat and lung injuries, swelling of the neck (*edema*), breathing and swallowing problems, ringing in the ears (*tinnitus*), vision change, miscarriage);

b. **Neurological injuries** (e.g. facial or eyelid droop (*palsies*), left or right side weakness (*hemiplegia*), loss of sensation, loss of memory, paralysis);

c. **Psychological injuries** (e.g. PTSD, depression, suicidal ideation, memory problems, nightmares, anxiety, severe stress reaction, amnesia and psychosis);

d. **Delayed fatality** (e.g. death can occur days or weeks after the attack due to carotid artery dissection and respiratory complications such as pneumonia, ARDS and the risk of blood clots traveling to the brain (*embolization*).

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HISTORICAL FACTS OF INTEREST

1. Historically, strangulation has been minimized by professionals due to the lack of visible injuries and the lack of medical training. It wasn't until the deaths of two teenagers in 1995 that caused the San Diego City Attorney's Office to conduct a study of 300 police reports and realize the lethality and seriousness of strangulation.
2. Thirty-eight states have now passed statutes in the last ten years to recognize this oversight, increase awareness, enhance victim safety and offender accountability.
3. Strangulation is more common than professionals have realized. Recent studies have now shown that 34% of abused pregnant women report being "choked" (Bullock, 2006); 47% of female domestic violence victims reported being "choked" (Block, 2000) and most experts believe the rate is higher given minimization by victims and the lack of education. A recent study at the New Orleans Family Justice Center found almost 60% of the victims seeking services reported prior strangulation (Alliance).
4. Victims of multiple strangulation "who had experienced more than one strangulation attack, on separate occasions, by the same abuser, reported neck and throat injuries, neurologic disorders and psychological disorders with increased frequency." (Smith, 2001).
5. **Almost half of all domestic violence homicide victims had experienced at least one episode of attempted strangulation prior to a lethal or near lethal violent incident (Glass, Sage, 2008).**
6. **Victims of prior attempted strangulation are 7 times more likely of becoming a homicide victim. (Glass, et al, 2008; National Institute on Strangulation Prevention).**
7. Today, training materials on strangulation are readily available at the National Training Institute on Strangulation Prevention at www.strangulationtraininginstitute.com.
8. Juries and some judges have difficulty understanding the serious nature of the crime without clear guidance from expert witnesses and professionals with specialized training.
9. Effective intervention in non-homicide strangulation cases will increase victim safety, hold offenders accountable for the crimes they commit and prevent future homicides.

STRANGULATION IS OFTEN ONE OF THE LAST ABUSIVE ACTS COMMITTED BY A VIOLENT DOMESTIC PARTNER BEFORE MURDER.
2004 Report, Hennepin County Domestic Fatality Review Team (Minneapolis, MN)

REFERENCES: Gael B. Strack, JD, CEO and Co-Founder of the Family Justice Center Alliance, San Diego, CA, gael@nfjca.org, 888-511-3522; Dr. Michael Weaver, M.D., Medical Director, St. Luke's Hospital's Sexual Assault Treatment center, Kansas City, Missouri.

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